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ITEM: 12

Council

Cabinet Member Report - Adult Social Care and Health

Report of: Councillor Barbara Rice, Portfolio Holder for Adult Social Care and Health

This report is public.

Introduction

I am pleased to present my 3rd Portfolio Holder report to Council.

Adult Social Care, Public Health and joint working with the NHS is a vast agenda and one that doesn't get the attention it should do in my view.

The cuts we face are un-precedented and although performance remains strong, morale amongst staff remains high and our partnership working continues to be very good, cutting £ 7m out of our budget of £ 38.3m (net) in the next three years when we are trying to implement the Care Act and managing growth in demand will be one of the biggest challenges we have ever faced.

I am extremely pleased with what we have managed to achieve over the last year, and will highlight the achievements I feel are most notable and of which I am most proud. Those achievements are ever greater given the current economic and demographic landscape in which we are working.

My report is split in to three sections:

- Adult Social Care
- Public Health
- Joint working with the NHS

1. ADULT SOCIAL CARE :

Adult Social Care is on a journey of transformation and the Care Act 2014 urges us to go further and faster. This is a necessity, not an option. We know that the number of people living longer is increasing, but that an increased number of people will live with chronic health conditions and with a greater complexity of needs. This is putting a tremendous strain on both the health and social care system and has meant that the system, as it is now, is not sustainable. We are acting now to develop a model that utilises the resource we have to the best effect and that is able to support our residents in to the future – using the assets in the community. This includes placing an emphasis on prevention and early intervention and ensuring communities can be resilient and self-supporting.

Key successes achieved since my last report are as follows:

- **Peer Review** : Thurrock Council volunteered to be the first local authority adult social care department in the Eastern region to have a Peer Review exercise. This was undertaken in November 2013 and the report was discussed at HOSC during its meeting in February 2014 and went to Cabinet in March. The focus of the Peer review was Choice and Control and the work we were leading around building stronger communities. The report strongly endorsed the direction of travel for the Council commenting that the work was more wide ranging than anything else seen in the country.
- **Elizabeth Gardens** – our extra care housing scheme in North Grays. The scheme was developed as a joint venture between Housing, Adult Social Care and Hannover Housing Association. The first residents moved in in the summer of 2013 and it was full by Xmas. The focus of the scheme is to enable residents to remain independent for as long as possible, it offers 67 units of accommodation in 1 and 2 bedroom units. I have visited on a number of occasions and the feedback from residents about the service is always extremely positive.
- **Derry Avenue** – the design and development of the specialised housing scheme for older adults in Derry Avenue South Ockendon is progressing well. As a result of changes to accommodate planning requirements the scheme will now comprise 25 flats, all of which are designed to be ‘care ready’, meaning that occupants will be able to remain independent at home for as long as possible. Although start of site has yet to be confirmed it should be later this month - September 2014. The build period is likely to be around 60 weeks giving a completion date of late 2015.
- **Stronger Communities** – strong, resilient communities are a key part of our transformation model and will help to prevent and delay the need for service intervention. Building upon a very successful first phase we have recruited four additional Local Area Coordinators (LAC) based in Purfleet, Tilbury, Stanford/Corringham and Stifford Clays. We have also recruited a LAC manager to oversee the development of this key service. Recently we have also agreed to extend the service by another three LAC’s; thereby achieving full coverage across Thurrock. Positive testimonials from the community and other professional have been a constant feature since the LAC service was introduced proving conclusively that this approach significantly improves outcomes for the individual supported, and helps to build more connected and supportive communities. Funding for the extension to the service represents a real partnership approach between Heath via the CCG, Public Health and the Fire Service, who have seconded one of their personnel to be the LAC in Purfleet.
- **Asset Based Community Development (ABCD)** continues to be the model that informs the wider Council approach. Two community builders have recently been employed under the Stronger Together programme and they will enhance the work of the LAC’s and the promotion of an area based

delivery of Health and Social Care services, which is a key objective of the health and well being agenda locally.

- Other key Stronger Together/ Building Positive Futures community initiatives continue to be implemented which will begin to deliver the cultural transformation required for the sustainable development of health and social care services in the future. These include:
 - Community Hubs
 - Small Sparks funding
 - Micro Enterprise/Social Enterprise market development
 - Timebanking

- **Animate** – Thurrock Adult Social Care are part of a European consortia who received European Ambient Assisted Living programme funding. This project will develop an approach to inter-generational training making use of the skills and experience of our older generation to support younger people with training and mentoring; either with a view to entering the workplace or developing their abilities within an existing work environment. This philosophy is very much in keeping with the Building Positive Futures ethos of recognising that our older people have a vital and important contribution to make. It is early days, the initiative beginning in April 2014 is a three year project, but already the potential that it has to improve prospects for younger people, whilst providing a sense of purpose for some older people is becoming evident.

- **Integration with the NHS** – our integrated services continue to develop. For some years we have been working in partnership with our local community health provider NELFT (North East London Foundation Trust) to develop two integrated teams of Social Care and Health professionals with the aim of reducing demand for primary care, acute services and long term reliance on social care services. The two teams are the Rapid Response and Assessment Services (RRAS), and the Joint Reablement Team (JRT). The RRAS is receiving on average 150 referrals per month. The intervention of the services means that on average 95% of referrals are avoiding an admission in to hospital, with 48% avoiding an admission in to residential or nursing care.

- **Placement Review Programme** – This is a very important piece of work : Over 50% of our budget is within external placements. We have been working jointly with Housing to make the best of our assets by utilising vacant sheltered housing complex warden's houses for learning disabled people currently in out of borough placements. A number of people with learning disabilities have already moved in to the identified properties. This scheme has now been evaluated and received very positive feedback - it has enabled greater independence for those individuals and meant that they can be closer to family. The work has also enabled us to reduce our costs – currently in excess of £158,000.

- **Performance Highlights –**

The national Health and Social Care Information Centre has recently released provisional 2013/14 performance data for all adult social care departments across the country. I am pleased to report that overall, the results highlight another year of good performance and progress for the department .

The service improved its performance from the previous year on 11 out of 18 (that is 61%) of the key national performance measures for adult social care services in the Adult Social Care Outcomes Framework (ASCOF)

I am particularly pleased to report improvements in a number of top priority areas for the service. I will briefly highlight examples of the main achievements for 2013/14:

- a. The proportion of people with social care services or support who receive self-directed support has increased over the past year to 71% from 58% in 2012/13. This places Thurrock well above both overall national performance and that of our comparator councils.
- b. Over one in four people (some 27%) with social care services and support now receive a direct payment - a form of support which helps to maximise choice and control. Again, Thurrock is performing above both the national average of 20% and our comparator councils.
- c. Fewer people aged over 65 were placed into permanent residential care in 2013/14 as the service was able to successfully utilise alternative arrangements.
- d. 90% of people aged 65 and over who were discharged from hospital into a reablement or rehabilitation service were still living at home 91 days later. Maintaining people's independence and enabling people to live longer at home is an important priority for the service - this performance maintains Thurrock's position as one of the top performers nationally.
- e. The number of delayed transfers of care from hospital which were attributed to adult social care has again been kept to a minimum in 2013/14 - as reported previously, Thurrock remains one of the best performers in the country.

Challenges :

- **Care Act 2014** – The Care Act is the most significant change in legislation affecting Adult Social Care for over 40 years. We have established a Care Act Implementation Group which reports to the Health and Well-Being Board. The key changes are :
 - a. New rights for Carers to have an assessment on a par with service users;
 - b. Everyone to have personal budget by April 2015;

- c. The Adult Safeguarding Board will become statutory as with the Children's Safeguarding Board;
- d. In April 2015 a new Advice and Information system will come into place;
- e. A new national eligibility system will come into place.
- f. From April 2016 the amount that an individual can pay towards their care will be capped at £ 75,000;
- g. From April 2016 the rate at which individuals will have to pay for all their care will be raised from an asset threshold of £ 23,000 to £ 112,000.

These are very significant changes and there is a huge amount of work underway to get plans in place. I am confident Thurrock will be ready to deliver these changes from next April.

The biggest risk is over the funding of the "Dilnot funding reforms" from April 2016. The government have said they will fully fund them. I am sure the whole Council will hope that the government delivers on this.

- **Budget cuts** – at Cabinet and elsewhere on the agenda we have discussed this. The total budget for the Directorate agreed at the Council budget meeting in February (including Public Health) is £ 38.3m (net). Due to the Council's need to find savings we have had to identify £ 7m budget reductions to date over the next three years. These include
 - £ 1.4m reduction in Public Health contracts – we will look to get better value from some of our bigger NHS contracts
 - £ 2m to be secured from the NHS via the Better Care Fund
 - £ 250k cuts to the voluntary sector - including BATIAS, Thurrock Asian Association; Thurrock Centre for Independent Living and Age Concern Thurrock
 - £ 50k cut to Healthwatch
 - £ 50k through the closure of Hathaway Road respite unit
 - £ 100k reduction in the subsidy for the Meals on Wheels service
 - £ 100k savings through efficiencies in our equipment contracts
 - £ 1.5m reduction in external placements – this may mean we won't be able to offer the range of care we have been able to offer previously
 - £ 200k cut in social work posts – we will be restructuring our fi
 - £ 750k in Supporting People budgets – this may affect some of the preventative services we have previously funded.
 - £ 500k reduction in contracts, management savings and reduced use of agency staff.

We have tried to protect front line services and maintain our core statutory duty but this is getting harder and harder as our budgets shrink, our responsibilities increase and the demands on Adult Social care grow.

- **Budget position** – I am pleased to report that for the past three years we have brought our expenditure in on budget. This is particularly difficult for this Directorate as we have such a large number of budgets that are demand led - especially those budgets that are in external placements where demographic and other pressures are very high and growth is expected every

year. We have been able to achieve this through a very rigorous approach to keeping our placements costs down, gatekeeping access very tightly in accordance with our eligibility criteria and securing extra funds from the NHS through re-ablement and social care NHS funding sources.

- **Maintaining the Quality of Care** – the focus on quality must be rigorous, Mid-Staffordshire and Winterbourne scandals show how we must be vigilant. We constantly review our contract monitoring processes, ensuring that they are robust. We have recently established joint monitoring visits with the CCG, and have also set up a local quality surveillance group – again alongside the CCG. As part of our focus on quality, we have re-commissioned our domiciliary care contract and are working closer with our user-led organisation – Thurrock Coalition. We also are facing some very significant problems with recruiting experienced staff and we will be looking at ways we can hold onto our most experienced, qualified staff.
- **Better Care Fund** – The Better Care Fund was announced in June 2013 as part of the 2013 spending round. NHS England stated that the purpose of the Fund was to provide ‘an opportunity to transform local services so that people are provided with better integrated care and support’. Whilst Thurrock’s fund is £10.5m million, this is not new money – but a combination of existing funding streams and the majority of those funding streams being from the CCG’s budget. Approximately a quarter of the Fund was to be linked to performance – against 5 specific national indicators.

We have worked hard with our CCG colleagues to develop our Better Care Fund Plan – and we are clear that in Thurrock, the Fund is to be used as a catalyst for whole system transformation. I am clear that we need to develop a system that is not only sustainable in to the future, but that focuses on the person and the outcomes they need to achieve. The focus of our Plan is on people over the age of 65 at most risk of hospital admission or residential care admission. Since our original BCF was submitted in April, the Department of Health and Department for Communities and Local Government has written to Health and Wellbeing Board Chairs to inform them that Plans are to be revised, with the pay for performance element to be attached solely to a reduction in emergency admissions and out of hospital commissioned services. The Department of Health has stated an expectation for all areas of reducing total emergency admissions by at least 3.5% - unless a solid case can be made for a lesser target. The focus of the Fund has therefore changed emphasis.

2. PUBLIC HEALTH :

The Council welcomed the transfer of public health responsibilities to local authorities in April 2013. I think this has been a real success story and the Public Health team has been very visible across the whole Council not just in my Directorate. It seems as if they have been part of the Council for years.

The team have allocated managers to the different directorates within the council to ensure that the council becomes more public health focussed

The first Annual Public Health Report (APHR) was published In October 2013 – A new APHR focusing on Ageing Well is being produced to support the work around the Better Care Fund.

Successes :

- Well Homes Project working with housing -an initiative that looks at the impact housing may have on people's health
- Beat the Street – 14,720 people took part in a walking challenge over 6 weeks. 50 schools participated and many community groups in total walked two and a half times round the world
- Public Health Responsibility Deal – Thurrock Council signed 12 pledges and is working with local businesses to get them to sign up as well
- New Year New You – 8 week programme to support the workforce to make healthy choices about their life
- Thurrock Council signed the local authority tobacco control declaration and Public Health has funded a further enforcement officer
- Over 75's health analysis – a detailed report produced with the CCG on the health needs of the over 75s.

Challenges :

- **Immunisation** – I want to ensure that the uptake of childhood vaccinations in Thurrock is in line with World Health Organisation recommendations (mostly 95%). Our performance in Thurrock is good, but we are still around 4% below the recommended target of 95% for 2 doses of measles, mumps and rubella vaccine in 5 year olds.
- **Health Challenges** – we have significant health challenges in Thurrock. We have extremely high rates of overweight and obesity and high rates of smoking – both of which we know result in early mortality and life-limiting diseases such as some cancers and also heart disease and stroke. The Team's initial focus has been on these areas – and this is also a focus of Thurrock's Health and Wellbeing Strategy. Public Health England's 'Longer Lives' statistics rate Thurrock as 'worse than average' for cancer, and in the 'worst' percentile for heart disease and stroke. Smoking, poor diet, and lack of exercise link to these conditions.
- **Re-commissioning of Public Health Services** - when public health transferred into the Council on the 1st April 2013, contracts were transferred to the local authority. We successfully secured the full amount of the Public Health Grant that we were due from the previous PCT.

This year, notice has been served for three of the services, with a timeline for procurement of new services for April 2015. These services are adult weight management, children's weight management and school nursing services. Benchmarking with 6 CIPFA comparator sites and full public consultations have been undertaken to inform the new specification. Next year we will have in place :

One year pilots to be awarded for 2015/16 :

- Adult Weight Management
- Children's Weight Management

Three year contracts from April 2015 for :

- 5 – 19 Service (School Nursing)

3. JOINT WORK WITH THE NHS :

Health and social care is undergoing momentous change. The change is both structural and cultural. There is a great emphasis placed on working across the whole system, and the Council has a leadership role in making this happen. Examples of how we are embracing the whole system agenda and our role as system leader include:

Successes :

- **Health and Wellbeing Board** – Thurrock's Health and Wellbeing Board was formally established as a Committee of the Council in April 2013. I am delighted to be its Chair. The Board's role is to act as system leader to improve health and wellbeing. In the last year, the Board has developed its first Health and Wellbeing Strategy. This includes improving the quality of primary care, and improving the quality of secondary care. A purpose of the Board is to ensure that local needs are met, and that the quality of services provided is of a high standard. The Board's role and responsibilities are growing, and it will have a key role in signing off the plans for the Better Care Fund. I am conscious that the Board, and a number of organisations sitting on it, is new and that it may take time to demonstrate how collective effort is leading to better outcomes. I am however very pleased with its progress and confident that its focus is on the right areas.
- **Health and Wellbeing Strategy** – This year has seen the first year implementation of our Health and Wellbeing Strategy. The Strategy has identified areas we most need to focus on to ensure that our residents have the best health and wellbeing, and that any current inequalities in health and wellbeing are reduced. Our Strategy covers the entire population but has priorities specific to both children and adults. We were very clear that we did not want to dilute issues specific to children. Working across the whole-system is a key element of the Strategy. No one organisation can work in isolation to improve or maintain the health and wellbeing of a population. The Health and Wellbeing Board has a key role in holding partners to account for the delivery of the Strategy, and ensuring where appropriate, that partners work together and are mindful of the impact of their actions on each other.
- **Basildon and Thurrock Hospital** - (BTUH)– in my last Portfolio Holder report I had the misfortune to state that the Hospital was one of a small number of hospitals that had been placed in special measures as a result of the Government's Keogh Review. Since my report, a number of positive changes have taken place, culminating in the Hospital's special measures

status being removed. I have ensured that the Council has maintained a strong focus on the Hospital's progress – both through my role on the Health and Wellbeing Board and through working with colleagues on the Health and Wellbeing Overview and Scrutiny Committee. The improvements made at the Hospital have been astounding, but I am keen to ensure that the Board maintains a watching brief to ensure that the good performance is maintained. Working alongside Thurrock Healthwatch, I am sure that any concerns will be highlighted at the earliest opportunity.

Challenges :

There are inevitably challenges ahead. I think those that are our greatest challenges in this complex agenda are as follows:

- **Quality and capacity of Primary Care** – for me, this is a key priority and I have made sure that it is a priority for our Health and Wellbeing Board. If we do not act now, we face a potential crisis. Thurrock has a large number of small practices, and it also has a large number of GPs at or nearing retirement age. Access to primary care across Thurrock is inconsistent. We know that if people cannot get appointments with their GP, they are more likely to attend Accident and Emergency, which then places additional pressure on secondary care. We are in close discussions with the CCG and NHS England over their emerging Primary care Strategy. We are also looking at a number of specific initiatives around Tilbury; Purfleet and the re-provision of the Walk-in centre where we think there are exciting opportunities to develop some joint provision across health and social care.
- **Learning Disability Health Checks** – one of the ways in which we have been able to demonstrate our role as system leader, has been the way in which we have actively championed the right of people with learning disabilities to a health check. The number of learning disability health checks carried out in Thurrock has been low – and this is clearly not acceptable. Through the Health and Wellbeing Board and through our representation on the CCG Board, we are pursuing this issue. The level of improvements remains too slow and I will continue to raise this matter with NHS England and the CCG.
- **Quality of Secondary Care and reducing unplanned admissions** – I have already mentioned the difficulties at Basildon Hospital. We have also fought hard to ensure that services remain local where appropriate such as the Stroke Unit and the pathology services. The quality of secondary care is also a priority for us. This has been well documented and we continue to use all our collective resources to ensure that improvements are made and sustained. The challenge for both primary and secondary care settings, as with adult social care, is the impact changing demographics have on the system. A focus on prevention and early intervention is key to addressing some of the issues that exist both now and in the future, and we are fully involved in or are able to influence related work streams.